Name in Full | Certificate of Death

Allan Brown

Died at Town | County Anne Arundel County | MARYLAND

Date 1898 Month October Day | Age Y. M. D. about 75 | Native of A A County | Occupation Farmer

Male / Female | White / Colored | Married / ~~Single~~ | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name | Mother's Name

Cause of Death: Primary Natural Causes | How long sick

Immediate 161 | Accident, Suicide, Homicide

Reported by Edgar Shepherd

Address West River Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Attended by Dr._____

of_____

The undertaker was_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full: Mrs. Margaret Brangell

Certificate of Death

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 189 — Month: 10 — Day: 8 — Age: Y. 90 M. D. — Native of: Washington, D.C. — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living

~~Husband~~ / Wife of James Brangell

Father's Name — Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Evening Capital Annapolis

Address: 10-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Stephan Chajewski

Died at Town: East Brooklyn County: A. A. Co MARYLAND

Date 189 8X Month 10 Day 18 Age Y. 191 M. 11 D. Native of Md. Occupation Infant.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Laurence Chajewski Mother's Name Rosa Chajewski

Cause of Death: Primary Membrane Croup 8X How long sick

Immediate Heart Failure. Accident, Suicide, Homicide

Reported by J B Robinson Md

Address Brooklyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968

Name in Full

John Wesley Cornish

Certificate of Death

Died at Town: City County: a.a. Co. MARYLAND

Date 1898 Month: 10 Day: 29 Age Y.: — M.: — D.: 6 Native of: City Occupation: —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widowed~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Willi Cornish Mother's Name: Rachel Brown

Cause of Death — Primary: Trismus 140 — Immediate: Convulsions

How long sick: 2 days

~~Accident, Suicide, Homicide~~

Reported by: Wm Bailey MD

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Rec'd for record
Oct 29th 1898

Name in Full Mrs. Geo. R. Downs

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1898 Month 10 Day 30 Age Y. 38 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Holland Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Evening Capital Annapolis

Address 11-2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. _____

_____ @ _____

_____

Name in Full Mary Gee

Certificate of Death

Diod at Town Glen Burnie County Anne Arundel MARYLAND

Dato 189 8 Month 10 Day 5 Age Y. M. D. 2 Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name James Gee

Mother's Name Annie Gee

Cause of Death Primary Acute Indigestion

Immediate

How long sick

82

Accident, Suicide, Homicide

Reported by Thos. H. Brayshaw, M.D.

Address Glen Burnie, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6896R

Name in Full Mary L. Gross

Certificate of Death

Died at Town Annapolis County A.A. MARYLAND

Date 1898 Month Oct Day 18th Age Y. 9 M. yrs. D. Native of Annapolis Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Typhoid Pneumonia

Immediate

How long sick 10 days

Accident, Suicide, Homicide

Reported by John Ridout M D

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Read for record
Dec 12th 1898

Name in Full John H Hammond.

Certificate of Death

Died at Town Annapolis County A A MARYLAND

Date 189 8 Month Oct. Day 21 2d Age Y. 11 M. yrs D. Native of Annapolis

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Occupation ~~Number of children living~~

Husband of
Wife

Father's Name 22. a. Mother's Name Mary Myers

Cause of Death: Primary Phthisis Pulmonalis — How long sick 4 months

Immediate — Accident, Suicide, Homicide

Reported by John Ridout M D

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Read for record
Dec 4th 1878

Name in Full

Mary Johnson

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 189 Month: 10 Day: 18 Age Y.: 23 M.: — D.: Native of: City Occupation: Domestic

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ Number of children living 1

Husband / Wife of ——————

Father's Name: J. H. Rutter

Mother's Name: Jane Johnson

Cause of Death: Primary: Phthisis Pulm. Immediate: Diarrhoea

How long sick: 3 mos

Accident, Suicide, Homicide

Reported by: Wm Bishop M D

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Oct 20th 1898

Name in Full: Marshall

Certificate of Death

No name

Died at: Town: Near Nutwell's County: A A Co MARYLAND

Date 1898 Month: Oct Day: 2 Age Y. M. D.: 1 Native of: Annabrunda Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ Wife of

Father's Name: Joseph L Marshall

Mother's Name: Mary P Dove

Cause of Death: Primary: Premature birth 138 K

Immediate

How long sick: 1 day

Accident, Suicide, Homicide

Reported by: Geo W Pemberton M. D.

Address: Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Agnes Matthews

Died at Town: Shady Side County: Anne Arundel MARYLAND

Date 189[illegible] Month: Oct Day: 5- | Age Y.: 16 M.: - D.: - | Native of: Md | Occupation: Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Henry Matthews

Father's Name: Wm Worthington

Mother's Name: Francis Blake

Cause of Death: Primary: Typhoid fever

Immediate: Intestinal hemorrhage

How long sick: 15 days

~~Accident, Suicide, Homicide~~

Reported by: Geo. T. Dent M.D.

Address: Annelton A. M. Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full James McNamee

Certificate of Death

Died at Town Fairfield County Anne Arundel MARYLAND

Date 189 5 Month 10 Day 16 Age Y. 49 M. D. Native of Ireland Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

12a

Cause of Death { Primary Cholera Infantum How long sick 15 hours
Immediate

Accident, Suicide, Homicide

Reported by Chas. A. Burke, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

M. Dayle
17 E. Du St.
Balto.

Name in Full — Certificate of Death

Mrs. Mary Miller

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 189 8 — Month: 10 — Day: 15 — Age: Y. M. D. — Native of — Occupation

~~Male~~ — ~~White~~ — Married — Widow — Divorced

Female — Colored — ~~Single~~ — Widower — Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Apoplexy — 42 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Evening Capital

Address: Annapolis — 10-15

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Robert Leslie Morris

Died at Town Brooklyn County A. A. Co MARYLAND

Date 1898 Month 10 Day 6 Age Y. 2 M. 4 D. Native of Maryland Occupation Infant

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Nicholas Morris

Mother's Name Lizzie Morris

Cause of Death Primary

Immediate Marasmus

How long sick

Accident, Suicide, Homicide

Reported by J B Robinson M D

Address Brooklyn A A Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full

Certificate of Death

Pinturusky

Died at Town East Brooklyn County Anne Arundel MARYLAND

Date 189 8 Month 10 Day 18 Age Y. M. D. 8 Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Diphtheria How long sick 16 hours

Immediate Accident, Suicide, Homicide

Reported by Dr. Chas. H. Brooke, Brooklyn

Address A. A. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Lavenia Powers

Died at Town: Annapolis County: S A Co MARYLAND

Date 1898 Month: Oct. Dey: 18 | Age Y. M. D.: 22 yrs | Native of: Annapolis | Occupation: Music

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ Wife of

Father's Name: Dont Know | Mother's Name: Orphan

Cause of Death: Primary: Phthisis 22a | How long sick: 3½ Months

Immediate: Phthisis | ~~Accident, Suicide, Homicide~~

Reported by: H R Walton

Address: Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 79706

Name in Full

Certificate of Death

Catherine A. Roeth

Died at Town Masonville County Anne Arundel MARYLAND

Date 189 8 Month 10 Day 18 Age Y. 57 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Typhoid Fever 1 How long sick

Immediate Intestinal Hemorrhage Accident, Suicide, Homicide

Reported by J. B. Robinson

Address Brooklyn, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Undertaker - Jas. Stinebeck
1818 Light 82.,

Name in Full ~~Unknown~~ Wright Smith

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date-189 8 Month 16 Day — 3. | Age Y. 06 M. D. | Native of Va | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name [illegible] Mother's Name [illegible]

Cause of Death { Primary Lynched How long sick

Immediate Accident, Suicide, Homicide

Reported by Annapolis

Address 10-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Bently W. Smeltzer

Diod at Town Elvalon County Anne Arundel MARYLAND

Date 189 8 Month 10 Day 10 Age Y. 58 M. D. Native of Penna. Occupation Shoemaker

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Typho-malarial fever

Immediate Exhaustion

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by C. S. Johnson, M.D.,

Address Elvalon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66868

Armstrong, Denny Co.
717 Light St.,
Balto.

Name in Full

Certificate of Death

Joshua Cromwell Stewart

Died at Glen Burnie (Town), Anne Arundel (County) MARYLAND

Date 1898 Month October Day 22 | Age Y. 78 M. .3 D. 8 | Native of Anne Arundel | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 6

Husband ~~Wife~~ of Sarah Dorsey Stewart

Father's Name Joshua Stewart | Mother's Name Caroline Cromwell

Cause of Death: Primary Nephritis 97 | How long sick 3 months

Immediate General exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Thomas H Brashaw MD

Address Glen Burnie Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Henry J Stoll

Certificate of Death

Died at Town: Brooklyn County: Anne Arundel MARYLAND

Date 1898. Month: 10 Day: 29

Age Y. 7 M. 4 D. 6

Native of Maryland

Occupation Child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced

Number of children living

Husband of Wife

Father's Name Herman Stoll

Mother's Name Sophia Stoll

Cause of Death: Primary Diphtheria. How long sick 5 d

Immediate Heart Failure.

Accident, Suicide, Homicide

Reported by J B Robinson M.D.

Address Brooklyn Anne Arundel Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full

Mary Turner

Certificate of Death

Died at Town Smithville County A A Co MARYLAND

Date 1898 Month 10 Day 13 Age Y. 1 M. 8 D. 13 Native of A.A. Co Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Daniel Turner

Mother's Name Elizabeth Lane

Cause of Death: Primary Malarial fever — How long sick 1 month

Immediate Diarrhoea 19 — Accident, Suicide, Homicide

Reported by William Bishop M.D.

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full: Wilson Turner

Certificate of Death

Died at — Town: Annapolis — County: A.A. Co. — MARYLAND

Date 1894 — Month: 10 — Day: 14 — Age: Y. 22 M. 6 D. 13 — Native of: City — Occupation: Laborer

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of ——

Father's Name: John Turner — Mother's Name: Jane Turner

Cause of Death — Primary: Inquiry to prob 50 — How long sick

Immediate: Traumatic Tetanus — Accident, ~~Suicide, Homicide~~

Reported by: W. Bishop M.D.

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Rec'd for record
Oct 17th 1898

Name in Full — Certificate of Death

William P. Walston

Died on — Town: Chesapeake Bay — County: Anne Arundel — MARYLAND

Date 189 — Month: 8 — Day: 10-15 — Age: Y. 62 M. D. — Native of — Occupation: Cork

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living

Husband of

Wife

Father's Name

Mother's Name

145

Cause of Death — Primary: Cardiac Congestion — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Edwin Geer M.D., Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SERIES

John E. Hough Undertaker,
1422 Pima. Ave.
Balto.

Name in Full Smith Wright

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1898 Month October Day 5 Age Y. 45 M. about D. Native of Maryland Occupation Boatman

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name —

Mother's Name

Cause of Death: Primary

Immediate Lynched Gunshot wound.

How long sick

Accident, Suicide, Homicide

Reported by [illegible]

Address Annapolis Md

Julian Brewer J.P. Coroner Ex Officio.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Jany 13th 1899